

As of August 2007, the United States is at Phase 3, or the “Pandemic Alert” phase, in the WHO Global Pandemic Phase Scale.

Areas of the world with poultry outbreaks and those with confirmed human cases are shown at www.who.int/en and www.cdc.gov/flu/. These sites and maps are updated weekly.

Early Detection of Novel Influenza in the Community: Influenza Testing and Reporting Guidelines for Physicians and Clinics

	1	Low risk of human cases
	2	Higher risk of human cases
	3	No or very limited human-to-human transmission
	4	Evidence of increased human-to-human transmission
	5	Evidence of significant human-to-human transmission
	6	Efficient and sustained human-to-human transmission
Inter-pandemic phase		
New virus in animals, no human cases		
Pandemic alert		
New virus causes human cases		
Pandemic		

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Physicians in offices and clinics will be among the first to recognize and identify cases of novel influenza in the community in the event of an outbreak of a novel influenza (pandemic influenza). This brochure is provided to you by the Central Virginia Health District (CVHD) to help guide your reporting and interaction with the health department.

CVHD employs an epidemiologist, Ryan Collins, MPH, who will be your primary contact in the event that you suspect a patient is infected with a novel influenza. The epidemiologist is available 24 hours a day, 7 days a week by calling:

(434) 841-5319

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During the CURRENT pandemic alert period (Phase 3), the goals of clinical diagnosis and testing of novel influenza cases are: rapid detection, identification, and containment.

In this phase the likelihood that an individual with Influenza-like illness (ILI) is infected with a novel strain will be low. The current guidelines established by the CDC to determine if a case of ILI is caused by a novel influenza are listed below. **CVHD will have the latest criteria and will communicate it to the providers if/when it changes.**

PATIENTS SHOULD MEET BOTH CLINICAL AND EPIDEMIOLOGICAL CRITERIA.

1. Clinical criteria:

- Temperature $>38^{\circ}\text{C}$ **AND**
- Sore throat and/or cough and/or dyspnea **AND**
- Radiologically-confirmed pneumonia, ARDS, or other severe respiratory illness for which an alternate diagnosis has not been established

2. Epidemiological criteria:

- Travel WITHIN THE PREVIOUS 10 DAYS to an area of the world

with documented cases of highly pathogenic avian influenza in poultry, birds
OR where human case(s) of ANY novel influenza have been confirmed
AND one of the following exposures:

- Direct contact (touching) with infected or dead poultry or wild birds, or surfaces contaminated with poultry/avian feces, **OR**
- Close contact (within 3 feet) with a person with suspected or confirmed novel influenza **OR**
- Consumption of raw or incompletely cooked poultry or poultry products.

Occupational Risks:

- Farmers and poultry workers
- Lab personnel who handle live (animal or human) influenza viruses
- Health care workers in direct contact with a confirmed or suspected case of novel influenza

If you identify a patient who you suspect of having an infection with a novel influenza virus:

1. Notify Ryan Collins, MPH, at (434) 947-2692 (office) or (434) 841-5319 (24 hours/7 days-per-week).

- Please designate a person in your office to be the point of contact with the health department
2. Obtain clinical specimens **as advised** by the health department
 - Preferably oropharyngeal swab or lower respiratory tract specimens (bronchoalveolar lavage or tracheal aspirate) should be collected within 3 days of symptom onset
 - Nasopharyngeal or nasal swab specimens may be acceptable, but may contain less virus than lower respiratory specimens
 - Store on viral transport media at 4°C

CVHD will assist you with the viral transport media and will arrange for safe storage and transport via the VDH courier system. We will notify the VDH Office of Disease Surveillance and Investigation (DSI) and the state laboratory, the Division of Consolidated Laboratory Services (DCLS). DSI will contact the CDC.

CVHD has 24/7 epidemiology coverage so that you do not have to contact DSI and/or the CDC directly.